



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3952

Introduced 5/14/2024, by Sen. Doris Turner

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

Amends the Illinois Act on the Aging. Provides that by January 1, 2025, the Department on Aging shall seek federal approval from the Centers for Medicare and Medicaid Services for any waiver or State Plan amendment necessary to provide monthly monitoring payments to care coordination units for each active participant enrolled in the Community Care Program who is receiving any allowable service and has not utilized services authorized by the care coordination unit or managed care organization for the month preceding the last month of services. Requires managed care organizations to remediate the full monthly monitoring payment to care coordination units that are providing services in accordance with the Act. Defines "active participant" to mean a person 60 years of age or older who has been found eligible to receive Community Care Program services. Provides that to receive administrative payments, a care coordination unit must provide documentation demonstrating that an effort has been made to contact the individual and confirm that the individual no longer needs services provided by the care coordination unit. Requires the Department to secure federal financial participation for expenditures made by the Department for State Fiscal Year 2025 and every State fiscal year thereafter. Effective immediately.

LRB103 39999 KTG 71302 b

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Act on the Aging is amended by
5 changing Section 4.02 as follows:

6 (20 ILCS 105/4.02)

7 Sec. 4.02. Community Care Program. The Department shall
8 establish a program of services to prevent unnecessary
9 institutionalization of persons age 60 and older in need of
10 long term care or who are established as persons who suffer
11 from Alzheimer's disease or a related disorder under the
12 Alzheimer's Disease Assistance Act, thereby enabling them to
13 remain in their own homes or in other living arrangements.
14 Such preventive services, which may be coordinated with other
15 programs for the aged and monitored by area agencies on aging
16 in cooperation with the Department, may include, but are not
17 limited to, any or all of the following:

- 18 (a) (blank);
19 (b) (blank);
20 (c) home care aide services;
21 (d) personal assistant services;
22 (e) adult day services;
23 (f) home-delivered meals;

- 1 (g) education in self-care;
2 (h) personal care services;
3 (i) adult day health services;
4 (j) habilitation services;
5 (k) respite care;
6 (k-5) community reintegration services;
7 (k-6) flexible senior services;
8 (k-7) medication management;
9 (k-8) emergency home response;
10 (l) other nonmedical social services that may enable
11 the person to become self-supporting; or
12 (m) clearinghouse for information provided by senior
13 citizen home owners who want to rent rooms to or share
14 living space with other senior citizens.

15 The Department shall establish eligibility standards for
16 such services. In determining the amount and nature of
17 services for which a person may qualify, consideration shall
18 not be given to the value of cash, property, or other assets
19 held in the name of the person's spouse pursuant to a written
20 agreement dividing marital property into equal but separate
21 shares or pursuant to a transfer of the person's interest in a
22 home to his spouse, provided that the spouse's share of the
23 marital property is not made available to the person seeking
24 such services.

25 Beginning January 1, 2008, the Department shall require as
26 a condition of eligibility that all new financially eligible

1 applicants apply for and enroll in medical assistance under
2 Article V of the Illinois Public Aid Code in accordance with
3 rules promulgated by the Department.

4 The Department shall, in conjunction with the Department
5 of Public Aid (now Department of Healthcare and Family
6 Services), seek appropriate amendments under Sections 1915 and
7 1924 of the Social Security Act. The purpose of the amendments
8 shall be to extend eligibility for home and community based
9 services under Sections 1915 and 1924 of the Social Security
10 Act to persons who transfer to or for the benefit of a spouse
11 those amounts of income and resources allowed under Section
12 1924 of the Social Security Act. Subject to the approval of
13 such amendments, the Department shall extend the provisions of
14 Section 5-4 of the Illinois Public Aid Code to persons who, but
15 for the provision of home or community-based services, would
16 require the level of care provided in an institution, as is
17 provided for in federal law. Those persons no longer found to
18 be eligible for receiving noninstitutional services due to
19 changes in the eligibility criteria shall be given 45 days
20 notice prior to actual termination. Those persons receiving
21 notice of termination may contact the Department and request
22 the determination be appealed at any time during the 45 day
23 notice period. The target population identified for the
24 purposes of this Section are persons age 60 and older with an
25 identified service need. Priority shall be given to those who
26 are at imminent risk of institutionalization. The services

1 shall be provided to eligible persons age 60 and older to the
2 extent that the cost of the services together with the other
3 personal maintenance expenses of the persons are reasonably
4 related to the standards established for care in a group
5 facility appropriate to the person's condition. These
6 non-institutional services, pilot projects, or experimental
7 facilities may be provided as part of or in addition to those
8 authorized by federal law or those funded and administered by
9 the Department of Human Services. The Departments of Human
10 Services, Healthcare and Family Services, Public Health,
11 Veterans' Affairs, and Commerce and Economic Opportunity and
12 other appropriate agencies of State, federal, and local
13 governments shall cooperate with the Department on Aging in
14 the establishment and development of the non-institutional
15 services. The Department shall require an annual audit from
16 all personal assistant and home care aide vendors contracting
17 with the Department under this Section. The annual audit shall
18 assure that each audited vendor's procedures are in compliance
19 with Department's financial reporting guidelines requiring an
20 administrative and employee wage and benefits cost split as
21 defined in administrative rules. The audit is a public record
22 under the Freedom of Information Act. The Department shall
23 execute, relative to the nursing home prescreening project,
24 written inter-agency agreements with the Department of Human
25 Services and the Department of Healthcare and Family Services,
26 to effect the following: (1) intake procedures and common

1 eligibility criteria for those persons who are receiving
2 non-institutional services; and (2) the establishment and
3 development of non-institutional services in areas of the
4 State where they are not currently available or are
5 undeveloped. On and after July 1, 1996, all nursing home
6 prescreenings for individuals 60 years of age or older shall
7 be conducted by the Department.

8 As part of the Department on Aging's routine training of
9 case managers and case manager supervisors, the Department may
10 include information on family futures planning for persons who
11 are age 60 or older and who are caregivers of their adult
12 children with developmental disabilities. The content of the
13 training shall be at the Department's discretion.

14 The Department is authorized to establish a system of
15 recipient copayment for services provided under this Section,
16 such copayment to be based upon the recipient's ability to pay
17 but in no case to exceed the actual cost of the services
18 provided. Additionally, any portion of a person's income which
19 is equal to or less than the federal poverty standard shall not
20 be considered by the Department in determining the copayment.
21 The level of such copayment shall be adjusted whenever
22 necessary to reflect any change in the officially designated
23 federal poverty standard.

24 The Department, or the Department's authorized
25 representative, may recover the amount of moneys expended for
26 services provided to or in behalf of a person under this

1 Section by a claim against the person's estate or against the
2 estate of the person's surviving spouse, but no recovery may
3 be had until after the death of the surviving spouse, if any,
4 and then only at such time when there is no surviving child who
5 is under age 21 or blind or who has a permanent and total
6 disability. This paragraph, however, shall not bar recovery,
7 at the death of the person, of moneys for services provided to
8 the person or in behalf of the person under this Section to
9 which the person was not entitled; provided that such recovery
10 shall not be enforced against any real estate while it is
11 occupied as a homestead by the surviving spouse or other
12 dependent, if no claims by other creditors have been filed
13 against the estate, or, if such claims have been filed, they
14 remain dormant for failure of prosecution or failure of the
15 claimant to compel administration of the estate for the
16 purpose of payment. This paragraph shall not bar recovery from
17 the estate of a spouse, under Sections 1915 and 1924 of the
18 Social Security Act and Section 5-4 of the Illinois Public Aid
19 Code, who precedes a person receiving services under this
20 Section in death. All moneys for services paid to or in behalf
21 of the person under this Section shall be claimed for recovery
22 from the deceased spouse's estate. "Homestead", as used in
23 this paragraph, means the dwelling house and contiguous real
24 estate occupied by a surviving spouse or relative, as defined
25 by the rules and regulations of the Department of Healthcare
26 and Family Services, regardless of the value of the property.

1 The Department shall increase the effectiveness of the
2 existing Community Care Program by:

3 (1) ensuring that in-home services included in the
4 care plan are available on evenings and weekends;

5 (2) ensuring that care plans contain the services that
6 eligible participants need based on the number of days in
7 a month, not limited to specific blocks of time, as
8 identified by the comprehensive assessment tool selected
9 by the Department for use statewide, not to exceed the
10 total monthly service cost maximum allowed for each
11 service; the Department shall develop administrative rules
12 to implement this item (2);

13 (3) ensuring that the participants have the right to
14 choose the services contained in their care plan and to
15 direct how those services are provided, based on
16 administrative rules established by the Department;

17 (4) ensuring that the determination of need tool is
18 accurate in determining the participants' level of need;
19 to achieve this, the Department, in conjunction with the
20 Older Adult Services Advisory Committee, shall institute a
21 study of the relationship between the Determination of
22 Need scores, level of need, service cost maximums, and the
23 development and utilization of service plans no later than
24 May 1, 2008; findings and recommendations shall be
25 presented to the Governor and the General Assembly no
26 later than January 1, 2009; recommendations shall include

1 all needed changes to the service cost maximums schedule
2 and additional covered services;

3 (5) ensuring that homemakers can provide personal care
4 services that may or may not involve contact with clients,
5 including, but not limited to:

6 (A) bathing;

7 (B) grooming;

8 (C) toileting;

9 (D) nail care;

10 (E) transferring;

11 (F) respiratory services;

12 (G) exercise; or

13 (H) positioning;

14 (6) ensuring that homemaker program vendors are not
15 restricted from hiring homemakers who are family members
16 of clients or recommended by clients; the Department may
17 not, by rule or policy, require homemakers who are family
18 members of clients or recommended by clients to accept
19 assignments in homes other than the client;

20 (7) ensuring that the State may access maximum federal
21 matching funds by seeking approval for the Centers for
22 Medicare and Medicaid Services for modifications to the
23 State's home and community based services waiver and
24 additional waiver opportunities, including applying for
25 enrollment in the Balance Incentive Payment Program by May
26 1, 2013, in order to maximize federal matching funds; this

1 shall include, but not be limited to, modification that
2 reflects all changes in the Community Care Program
3 services and all increases in the services cost maximum;

4 (8) ensuring that the determination of need tool
5 accurately reflects the service needs of individuals with
6 Alzheimer's disease and related dementia disorders;

7 (9) ensuring that services are authorized accurately
8 and consistently for the Community Care Program (CCP); the
9 Department shall implement a Service Authorization policy
10 directive; the purpose shall be to ensure that eligibility
11 and services are authorized accurately and consistently in
12 the CCP program; the policy directive shall clarify
13 service authorization guidelines to Care Coordination
14 Units and Community Care Program providers no later than
15 May 1, 2013;

16 (10) working in conjunction with Care Coordination
17 Units, the Department of Healthcare and Family Services,
18 the Department of Human Services, Community Care Program
19 providers, and other stakeholders to make improvements to
20 the Medicaid claiming processes and the Medicaid
21 enrollment procedures or requirements as needed,
22 including, but not limited to, specific policy changes or
23 rules to improve the up-front enrollment of participants
24 in the Medicaid program and specific policy changes or
25 rules to insure more prompt submission of bills to the
26 federal government to secure maximum federal matching

1 dollars as promptly as possible; the Department on Aging
2 shall have at least 3 meetings with stakeholders by
3 January 1, 2014 in order to address these improvements;

4 (11) requiring home care service providers to comply
5 with the rounding of hours worked provisions under the
6 federal Fair Labor Standards Act (FLSA) and as set forth
7 in 29 CFR 785.48(b) by May 1, 2013;

8 (12) implementing any necessary policy changes or
9 promulgating any rules, no later than January 1, 2014, to
10 assist the Department of Healthcare and Family Services in
11 moving as many participants as possible, consistent with
12 federal regulations, into coordinated care plans if a care
13 coordination plan that covers long term care is available
14 in the recipient's area; and

15 (13) maintaining fiscal year 2014 rates at the same
16 level established on January 1, 2013.

17 By January 1, 2009 or as soon after the end of the Cash and
18 Counseling Demonstration Project as is practicable, the
19 Department may, based on its evaluation of the demonstration
20 project, promulgate rules concerning personal assistant
21 services, to include, but need not be limited to,
22 qualifications, employment screening, rights under fair labor
23 standards, training, fiduciary agent, and supervision
24 requirements. All applicants shall be subject to the
25 provisions of the Health Care Worker Background Check Act.

26 The Department shall develop procedures to enhance

1 availability of services on evenings, weekends, and on an
2 emergency basis to meet the respite needs of caregivers.
3 Procedures shall be developed to permit the utilization of
4 services in successive blocks of 24 hours up to the monthly
5 maximum established by the Department. Workers providing these
6 services shall be appropriately trained.

7 Beginning on September 23, 1991 (the effective date of
8 Public Act 87-729) ~~this amendatory Act of 1991~~, no person may
9 perform chore/housekeeping and home care aide services under a
10 program authorized by this Section unless that person has been
11 issued a certificate of pre-service to do so by his or her
12 employing agency. Information gathered to effect such
13 certification shall include (i) the person's name, (ii) the
14 date the person was hired by his or her current employer, and
15 (iii) the training, including dates and levels. Persons
16 engaged in the program authorized by this Section before the
17 effective date of this amendatory Act of 1991 shall be issued a
18 certificate of all pre-service ~~pre-~~ and in-service training
19 from his or her employer upon submitting the necessary
20 information. The employing agency shall be required to retain
21 records of all staff pre-service ~~pre-~~ and in-service training,
22 and shall provide such records to the Department upon request
23 and upon termination of the employer's contract with the
24 Department. In addition, the employing agency is responsible
25 for the issuance of certifications of in-service training
26 completed to their employees.

1 The Department is required to develop a system to ensure
2 that persons working as home care aides and personal
3 assistants receive increases in their wages when the federal
4 minimum wage is increased by requiring vendors to certify that
5 they are meeting the federal minimum wage statute for home
6 care aides and personal assistants. An employer that cannot
7 ensure that the minimum wage increase is being given to home
8 care aides and personal assistants shall be denied any
9 increase in reimbursement costs.

10 The Community Care Program Advisory Committee is created
11 in the Department on Aging. The Director shall appoint
12 individuals to serve in the Committee, who shall serve at
13 their own expense. Members of the Committee must abide by all
14 applicable ethics laws. The Committee shall advise the
15 Department on issues related to the Department's program of
16 services to prevent unnecessary institutionalization. The
17 Committee shall meet on a bi-monthly basis and shall serve to
18 identify and advise the Department on present and potential
19 issues affecting the service delivery network, the program's
20 clients, and the Department and to recommend solution
21 strategies. Persons appointed to the Committee shall be
22 appointed on, but not limited to, their own and their agency's
23 experience with the program, geographic representation, and
24 willingness to serve. The Director shall appoint members to
25 the Committee to represent provider, advocacy, policy
26 research, and other constituencies committed to the delivery

1 of high quality home and community-based services to older
2 adults. Representatives shall be appointed to ensure
3 representation from community care providers, including, but
4 not limited to, adult day service providers, homemaker
5 providers, case coordination and case management units,
6 emergency home response providers, statewide trade or labor
7 unions that represent home care aides and direct care staff,
8 area agencies on aging, adults over age 60, membership
9 organizations representing older adults, and other
10 organizational entities, providers of care, or individuals
11 with demonstrated interest and expertise in the field of home
12 and community care as determined by the Director.

13 Nominations may be presented from any agency or State
14 association with interest in the program. The Director, or his
15 or her designee, shall serve as the permanent co-chair of the
16 advisory committee. One other co-chair shall be nominated and
17 approved by the members of the committee on an annual basis.
18 Committee members' terms of appointment shall be for 4 years
19 with one-quarter of the appointees' terms expiring each year.
20 A member shall continue to serve until his or her replacement
21 is named. The Department shall fill vacancies that have a
22 remaining term of over one year, and this replacement shall
23 occur through the annual replacement of expiring terms. The
24 Director shall designate Department staff to provide technical
25 assistance and staff support to the committee. Department
26 representation shall not constitute membership of the

1 committee. All Committee papers, issues, recommendations,
2 reports, and meeting memoranda are advisory only. The
3 Director, or his or her designee, shall make a written report,
4 as requested by the Committee, regarding issues before the
5 Committee.

6 The Department on Aging and the Department of Human
7 Services shall cooperate in the development and submission of
8 an annual report on programs and services provided under this
9 Section. Such joint report shall be filed with the Governor
10 and the General Assembly on or before March 31 of the following
11 fiscal year.

12 The requirement for reporting to the General Assembly
13 shall be satisfied by filing copies of the report as required
14 by Section 3.1 of the General Assembly Organization Act and
15 filing such additional copies with the State Government Report
16 Distribution Center for the General Assembly as is required
17 under paragraph (t) of Section 7 of the State Library Act.

18 Those persons previously found eligible for receiving
19 non-institutional services whose services were discontinued
20 under the Emergency Budget Act of Fiscal Year 1992, and who do
21 not meet the eligibility standards in effect on or after July
22 1, 1992, shall remain ineligible on and after July 1, 1992.
23 Those persons previously not required to cost-share and who
24 were required to cost-share effective March 1, 1992, shall
25 continue to meet cost-share requirements on and after July 1,
26 1992. Beginning July 1, 1992, all clients will be required to

1 meet eligibility, cost-share, and other requirements and will
2 have services discontinued or altered when they fail to meet
3 these requirements.

4 For the purposes of this Section, "flexible senior
5 services" refers to services that require one-time or periodic
6 expenditures, including, but not limited to, respite care,
7 home modification, assistive technology, housing assistance,
8 and transportation.

9 The Department shall implement an electronic service
10 verification based on global positioning systems or other
11 cost-effective technology for the Community Care Program no
12 later than January 1, 2014.

13 The Department shall require, as a condition of
14 eligibility, enrollment in the medical assistance program
15 under Article V of the Illinois Public Aid Code (i) beginning
16 August 1, 2013, if the Auditor General has reported that the
17 Department has failed to comply with the reporting
18 requirements of Section 2-27 of the Illinois State Auditing
19 Act; or (ii) beginning June 1, 2014, if the Auditor General has
20 reported that the Department has not undertaken the required
21 actions listed in the report required by subsection (a) of
22 Section 2-27 of the Illinois State Auditing Act.

23 The Department shall delay Community Care Program services
24 until an applicant is determined eligible for medical
25 assistance under Article V of the Illinois Public Aid Code (i)
26 beginning August 1, 2013, if the Auditor General has reported

1 that the Department has failed to comply with the reporting
2 requirements of Section 2-27 of the Illinois State Auditing
3 Act; or (ii) beginning June 1, 2014, if the Auditor General has
4 reported that the Department has not undertaken the required
5 actions listed in the report required by subsection (a) of
6 Section 2-27 of the Illinois State Auditing Act.

7 The Department shall implement co-payments for the
8 Community Care Program at the federally allowable maximum
9 level (i) beginning August 1, 2013, if the Auditor General has
10 reported that the Department has failed to comply with the
11 reporting requirements of Section 2-27 of the Illinois State
12 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor
13 General has reported that the Department has not undertaken
14 the required actions listed in the report required by
15 subsection (a) of Section 2-27 of the Illinois State Auditing
16 Act.

17 The Department shall continue to provide other Community
18 Care Program reports as required by statute.

19 The Department shall conduct a quarterly review of Care
20 Coordination Unit performance and adherence to service
21 guidelines. The quarterly review shall be reported to the
22 Speaker of the House of Representatives, the Minority Leader
23 of the House of Representatives, the President of the Senate,
24 and the Minority Leader of the Senate. The Department shall
25 collect and report longitudinal data on the performance of
26 each care coordination unit. Nothing in this paragraph shall

1 be construed to require the Department to identify specific
2 care coordination units.

3 In regard to community care providers, failure to comply
4 with Department on Aging policies shall be cause for
5 disciplinary action, including, but not limited to,
6 disqualification from serving Community Care Program clients.
7 Each provider, upon submission of any bill or invoice to the
8 Department for payment for services rendered, shall include a
9 notarized statement, under penalty of perjury pursuant to
10 Section 1-109 of the Code of Civil Procedure, that the
11 provider has complied with all Department policies.

12 The Director of the Department on Aging shall make
13 information available to the State Board of Elections as may
14 be required by an agreement the State Board of Elections has
15 entered into with a multi-state voter registration list
16 maintenance system.

17 Within 30 days after July 6, 2017 (the effective date of
18 Public Act 100-23), rates shall be increased to \$18.29 per
19 hour, for the purpose of increasing, by at least \$.72 per hour,
20 the wages paid by those vendors to their employees who provide
21 homemaker services. The Department shall pay an enhanced rate
22 under the Community Care Program to those in-home service
23 provider agencies that offer health insurance coverage as a
24 benefit to their direct service worker employees consistent
25 with the mandates of Public Act 95-713. For State fiscal years
26 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The

1 rate shall be adjusted using actuarial analysis based on the
2 cost of care, but shall not be set below \$1.77 per hour. The
3 Department shall adopt rules, including emergency rules under
4 subsections (y) and (bb) of Section 5-45 of the Illinois
5 Administrative Procedure Act, to implement the provisions of
6 this paragraph.

7 Subject to federal approval, beginning on January 1, 2024,
8 rates for adult day services shall be increased to \$16.84 per
9 hour and rates for each way transportation services for adult
10 day services shall be increased to \$12.44 per unit
11 transportation.

12 Subject to federal approval, on and after January 1, 2024,
13 rates for homemaker services shall be increased to \$28.07 to
14 sustain a minimum wage of \$17 per hour for direct service
15 workers. Rates in subsequent State fiscal years shall be no
16 lower than the rates put into effect upon federal approval.
17 Providers of in-home services shall be required to certify to
18 the Department that they remain in compliance with the
19 mandated wage increase for direct service workers. Fringe
20 benefits, including, but not limited to, paid time off and
21 payment for training, health insurance, travel, or
22 transportation, shall not be reduced in relation to the rate
23 increases described in this paragraph.

24 The General Assembly finds it necessary to authorize an
25 aggressive Medicaid enrollment initiative designed to maximize
26 federal Medicaid funding for the Community Care Program which

1 produces significant savings for the State of Illinois. The
2 Department on Aging shall establish and implement a Community
3 Care Program Medicaid Initiative. Under the Initiative, the
4 Department on Aging shall, at a minimum: (i) provide an
5 enhanced rate to adequately compensate care coordination units
6 to enroll eligible Community Care Program clients into
7 Medicaid; (ii) use recommendations from a stakeholder
8 committee on how best to implement the Initiative; and (iii)
9 establish requirements for State agencies to make enrollment
10 in the State's Medical Assistance program easier for seniors.

11 The Community Care Program Medicaid Enrollment Oversight
12 Subcommittee is created as a subcommittee of the Older Adult
13 Services Advisory Committee established in Section 35 of the
14 Older Adult Services Act to make recommendations on how best
15 to increase the number of medical assistance recipients who
16 are enrolled in the Community Care Program. The Subcommittee
17 shall consist of all of the following persons who must be
18 appointed within 30 days after June 4, 2018 (the effective
19 date of Public Act 100-587) ~~this amendatory Act of the 100th~~
20 ~~General Assembly:~~

21 (1) The Director of Aging, or his or her designee, who
22 shall serve as the chairperson of the Subcommittee.

23 (2) One representative of the Department of Healthcare
24 and Family Services, appointed by the Director of
25 Healthcare and Family Services.

26 (3) One representative of the Department of Human

1 Services, appointed by the Secretary of Human Services.

2 (4) One individual representing a care coordination
3 unit, appointed by the Director of Aging.

4 (5) One individual from a non-governmental statewide
5 organization that advocates for seniors, appointed by the
6 Director of Aging.

7 (6) One individual representing Area Agencies on
8 Aging, appointed by the Director of Aging.

9 (7) One individual from a statewide association
10 dedicated to Alzheimer's care, support, and research,
11 appointed by the Director of Aging.

12 (8) One individual from an organization that employs
13 persons who provide services under the Community Care
14 Program, appointed by the Director of Aging.

15 (9) One member of a trade or labor union representing
16 persons who provide services under the Community Care
17 Program, appointed by the Director of Aging.

18 (10) One member of the Senate, who shall serve as
19 co-chairperson, appointed by the President of the Senate.

20 (11) One member of the Senate, who shall serve as
21 co-chairperson, appointed by the Minority Leader of the
22 Senate.

23 (12) One member of the House of Representatives, who
24 shall serve as co-chairperson, appointed by the Speaker of
25 the House of Representatives.

26 (13) One member of the House of Representatives, who

1 shall serve as co-chairperson, appointed by the Minority
2 Leader of the House of Representatives.

3 (14) One individual appointed by a labor organization
4 representing frontline employees at the Department of
5 Human Services.

6 The Subcommittee shall provide oversight to the Community
7 Care Program Medicaid Initiative and shall meet quarterly. At
8 each Subcommittee meeting the Department on Aging shall
9 provide the following data sets to the Subcommittee: (A) the
10 number of Illinois residents, categorized by planning and
11 service area, who are receiving services under the Community
12 Care Program and are enrolled in the State's Medical
13 Assistance Program; (B) the number of Illinois residents,
14 categorized by planning and service area, who are receiving
15 services under the Community Care Program, but are not
16 enrolled in the State's Medical Assistance Program; and (C)
17 the number of Illinois residents, categorized by planning and
18 service area, who are receiving services under the Community
19 Care Program and are eligible for benefits under the State's
20 Medical Assistance Program, but are not enrolled in the
21 State's Medical Assistance Program. In addition to this data,
22 the Department on Aging shall provide the Subcommittee with
23 plans on how the Department on Aging will reduce the number of
24 Illinois residents who are not enrolled in the State's Medical
25 Assistance Program but who are eligible for medical assistance
26 benefits. The Department on Aging shall enroll in the State's

1 Medical Assistance Program those Illinois residents who
2 receive services under the Community Care Program and are
3 eligible for medical assistance benefits but are not enrolled
4 in the State's Medicaid Assistance Program. The data provided
5 to the Subcommittee shall be made available to the public via
6 the Department on Aging's website.

7 The Department on Aging, with the involvement of the
8 Subcommittee, shall collaborate with the Department of Human
9 Services and the Department of Healthcare and Family Services
10 on how best to achieve the responsibilities of the Community
11 Care Program Medicaid Initiative.

12 The Department on Aging, the Department of Human Services,
13 and the Department of Healthcare and Family Services shall
14 coordinate and implement a streamlined process for seniors to
15 access benefits under the State's Medical Assistance Program.

16 The Subcommittee shall collaborate with the Department of
17 Human Services on the adoption of a uniform application
18 submission process. The Department of Human Services and any
19 other State agency involved with processing the medical
20 assistance application of any person enrolled in the Community
21 Care Program shall include the appropriate care coordination
22 unit in all communications related to the determination or
23 status of the application.

24 The Community Care Program Medicaid Initiative shall
25 provide targeted funding to care coordination units to help
26 seniors complete their applications for medical assistance

1 benefits. On and after July 1, 2019, care coordination units
2 shall receive no less than \$200 per completed application,
3 which rate may be included in a bundled rate for initial intake
4 services when Medicaid application assistance is provided in
5 conjunction with the initial intake process for new program
6 participants.

7 The Community Care Program Medicaid Initiative shall cease
8 operation 5 years after June 4, 2018 (the effective date of
9 Public Act 100-587) ~~this amendatory Act of the 100th General~~
10 ~~Assembly~~, after which the Subcommittee shall dissolve.

11 Effective July 1, 2023, subject to federal approval, the
12 Department on Aging shall reimburse Care Coordination Units at
13 the following rates for case management services: \$252.40 for
14 each initial assessment; \$366.40 for each initial assessment
15 with translation; \$229.68 for each redetermination assessment;
16 \$313.68 for each redetermination assessment with translation;
17 \$200.00 for each completed application for medical assistance
18 benefits; \$132.26 for each face-to-face, choices-for-care
19 screening; \$168.26 for each face-to-face, choices-for-care
20 screening with translation; \$124.56 for each 6-month,
21 face-to-face visit; \$132.00 for each MCO participant
22 eligibility determination; and \$157.00 for each MCO
23 participant eligibility determination with translation.

24 By January 1, 2025, the Department shall seek federal
25 approval from the Centers for Medicare and Medicaid Services
26 for any waiver or State Plan amendment necessary to provide

1 monthly monitoring payments to care coordination units for
2 each active participant enrolled in the Community Care Program
3 who is receiving any allowable service under this Section and
4 has not utilized services authorized by the care coordination
5 unit or managed care organization for the month preceding the
6 last month of services. Managed care organizations shall
7 remediate the full monthly monitoring payment to care
8 coordination units that are providing services in accordance
9 with this Section. As used in this paragraph, "active
10 participant" means a person 60 years of age or older who has
11 been found eligible to receive Community Care Program
12 services. To receive administrative payments under this
13 paragraph, a care coordination unit must provide documentation
14 demonstrating that an effort has been made to contact the
15 individual and confirm that the individual no longer needs
16 services provided by the care coordination unit. The
17 Department shall secure federal financial participation for
18 expenditures made by the Department in accordance with this
19 paragraph for State Fiscal Year 2025 and every State fiscal
20 year thereafter.

21 (Source: P.A. 102-1071, eff. 6-10-22; 103-8, eff. 6-7-23;
22 103-102, Article 45, Section 45-5, eff. 1-1-24; 103-102,
23 Article 85, Section 85-5, eff. 1-1-24; 103-102, Article 90,
24 Section 90-5, eff. 1-1-24; revised 12-12-23.)

25 Section 99. Effective date. This Act takes effect upon
26 becoming law.